



Monroe County Fire Rescue

Incident # _____

Patient Authorization – Billing and Transport

I authorize any holder of medical or other information about me to release to the Social Security Administration and Health Care Financing Administration or its intermediaries or carriers, or any private insurance company any information needed for this or a related medical claim. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits to the party who accepts assignment. I personally guarantee payment of any charges not covered by health care benefits. According to Medicare regulations, your ambulance transport and related services are subject to review under the Medicare program. The purpose of this review is to determine whether or not your transport and related services meet the guidelines for Medicare payment. If it is determined, under the Medicare program guidelines that your transport and related services were not medically necessary, or that non-covered services were provided to you, then, please be advised that you are personally responsible for payment of the transport or non-covered services.

Furthermore I hereby acknowledge that I have been provided with a copy of Monroe County's Notice of Privacy Practices on this date.

Signature _____ Date _____